



FORMULARIO DE RESPUESTA DEL RECLAMANTE

Claim No. 78057

Creditor Name: López Márquez, Nelly R.

(1) Nombre Completo	Nelly R. Lopez Márquez
(2) Número de teléfono	787 486 2436
(3) Número de empleado	1270 56 78
(4) Agencia para la cual trabaja(ó) y fecha. Si usted fue empleado en más de una agencia, por favor identifique la agencia o agencias relacionadas a su reclamación y las fechas en que estuvo empleado por cada agencia.	Dept. de la familia desde agosto 1985 hasta el presente
(5) Correo electrónico	nellyrlopez@live.com
(6) Número de seguro social (últimos cuatro dígitos)	REDACTED -6302
(7) Número de caso administrativo o judicial, si aplica.	Incluya número de caso administrativo y/o judicial, si alguno, que haya radicado y que esté directamente relacionado a los beneficios reclamados en la Evidencia de Reclamación (<i>Proof of Claim</i>).
(8) Describa en detalle la naturaleza de su reclamación y los fundamentos por los cuales usted cree que tiene derecho al beneficio reclamado. Incluya páginas adicionales si es necesario.	Ajuste Salarial no procesado, desde 1985 hasta el presente. Tengo derecho a reclamar este ajuste salarial porque lo he trabajado y cumplido a cabalidad con las tareas asignadas.

*** Attach any supporting documentation you may have related to your claim. ***



170328300209029

TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS
PARA EL DISTRITO DE PUERTO RICO

En el asunto de:

JUNTA DE SUPERVISIÓN Y ADMINISTRACIÓN
FINANCIERA PARA PUERTO RICO,

como representante de

ESTADO LIBRE ASOCIADO DE PUERTO RICO y
otros,

Deudores.

PROMESA,
Título III

Núm. 17 BK 3283-LTS

(Administrada conjuntamente)

La presente radicación guarda
relación con el ELA, la ACT y
el SRE.

NOTIFICACIÓN DE LA OCTOGÉSIMA SÉPTIMA OBJECIÓN GLOBAL (NO
SUSTANTIVA) DEL ESTADO LIBRE ASOCIADO DE PUERTO RICO, DE LA
AUTORIDAD DE CARRETERAS Y TRANSPORTACIÓN DE PUERTO RICO Y DEL
SISTEMA DE RETIRO DE LOS EMPLEADOS DEL GOBIERNO DEL ESTADO LIBRE
ASOCIADO DE PUERTO RICO A RECLAMOS DEFICIENTES EN LOS QUE SE
ALEGAN INTERESES SOBRE LA BASE DE LAS LEYES PUERTORRIQUEÑAS NO
ESPECIFICADAS

Nelly R Lopez Marquez

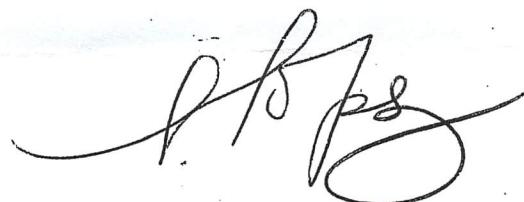
P.O Box 9977

Carolina PR 00988

tel: 787 486-2436

email nellyrlopez@live.gom

ajuste salarial no procesado
desde 1985 hasta el presente



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2020 JAN 14 PM 3:15

Fill in this information to identify the case:	
Debtor 1	_____
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	District of _____
Case number	_____

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Nelly R. Lopez Marquez</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Nelly R Lopez Marquez</u> <u>PO Box 9977</u> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone <u>787 486-2434</u> Contact email <u>nellyrlopez@live.com</u>		Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <i>Sistema de Retiro del gobierno de Puerto Rico</i>
7. How much is the claim?	\$ <u>70,000</u> . Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <i>Aportación Acumulada del Retiro</i>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition: \$ _____
	Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: <u>Aportación Plan de Retiro</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
	<input type="checkbox"/> Yes. Check one:	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies.	\$ _____
* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/14/2020
MM / DD / YYYY



Print the name of the person who is completing and signing this claim:

Name

Nelly Ruth Lopez Marquez

First name Middle name Last name

Title

Tecnico Asistencia Social y Familiar III

Company

Depto. de la Familia

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

P.O Box 9977

Number Street

Carolina PR 00988

City

State

ZIP Code

Contact phone

787 486 2436

Email

nellyrlopez@live.com